Updated COVID-19 Directives for Long-Term Care and Retirement Homes

Update to York Region Long-Term Care and Retirement Homes as of April 9, 2020

On April 8, 2020, the Ministry of Health updated the COVID-19 directives for Long-Term Care and Retirement Homes (LTCH/RH).

Reporting Probable and Confirmed Cases of COVID-19 to York Region Public Health

As a reminder, by law, confirmed and probable cases of COVID-19 must be reported to York Region Public Health. This includes individuals who are being tested for COVID-19 as well as those clinically diagnosed with COVID-19 meeting case definition, but not tested.

Call York Region Public Health immediately at:

- 1-877-464-9675 ext. 77280 on Monday to Friday: 8:30 a.m. to 8:00 p.m. **OR**
- 905-953-6478 after hours

Chief Medical Officer of Health Directive for LTCH/RH

On April 8, 2020, the Chief Medical Officer of Health re-issued Directive #3 to LTCH/RH, replacing the directive that was issued on March 30, 2020. This new directive strengthens screening, testing and outbreak management in LTCH/RH. Changes are underlined.

These directives will be posted on york.ca/healthprofessionals on our COVID-19 specific page. Effective immediately, **LTCH/RH** must immediately implement the following precautions and procedures:

1. **Active Screening**. LTCH/RH must immediately implement active screening of all staff, essential visitors and anyone else entering the home for COVID-19 with the exception of emergency first responders, who should, in emergency situations, be permitted entry without screening. Screening must include:
    1. twice daily (at the beginning and end of the day) symptom screening, including temperature checks.

    Anyone showing symptoms of COVID-19 should not be allowed to enter the LTCH/RH and/or should go home immediately to self-isolate. Staff responsible for occupational health at the LTCH/RH must follow up on all staff who have been advised to self-isolate based on exposure risk.
2. **Active Screening of All Residents**. LTCH/RH must conduct active screening of all residents, at least twice daily (at the beginning and end of the day) to identify if any resident has fever, cough or other symptoms of COVID-19. Residents with symptoms (including mild respiratory symptoms and/or atypical symptoms) must be isolated and tested for COVID-19.
3. **Admission and Re-Admissions**. LTCH/RH must screen new admissions and re-admissions for symptoms and potential exposure to COVID-19. All new residents must be placed in self-isolation upon admission to the home and tested within 14 days of admission. If test results are negative, they must remain in isolation for 14 days from arrival. If test results are positive, then report as a confirmed case and follow case management protocol. Patients transferred from hospital to a LTCH/RH must be tested prior to the transfer.
4. **Repatriation**. LTCH/RH may repatriate residents home as outlined in the Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes. A negative test is not required for the resident to be repatriated from acute care.
5. **Short-Stay Absences**. LTCH/RH must not permit residents to leave the LTCH/RH for short-stay absences to visit family and friends. Instead, residents who wish to go outside of the LTCH/RH must be told to remain on the LTCH/RH's property and maintain safe physical distancing.

6. **Ensure appropriate Personal Protective Equipment**. LTCH/RH are expected to following COVID-19 Directive #1 for Health Care Providers and Health Care Entities.
7. **Staff Masking**. LTCH/RH should immediately implement that all staff and essential visitors wear surgical/procedure masks at all times for the duration of full shifts or visits in the LTCH/RH. For further clarity this is required regardless of whether the LTCH/RH is in outbreak or not. During breaks, staff may remove their surgical/procedure mask but must remain 2 metres away from other staff to prevent staff to staff transmission of COVID-19.
8. **Managing Essential Visitors**. LTCH/RH must be closed to visitors, except for essential visitors. Essential visitors include a person performing essential support services (e.g., food delivery, phlebotomy testing, maintenance, and other health care services required to maintain good health) or a person visiting a very ill or palliative resident. If an essential visitor is admitted to the home, the following steps must be taken:
    1. The essential visitor must be screened on entry for symptoms of COVID-19, including temperature checks and not admitted if they show any symptoms of COVID-19.
    2. The essential visitor must also attest to not be experiencing any of the typical and atypical symptoms.
    3. The essential visitor must only visit the one resident they are intending to visit, and no other resident.
    4. The essential visitor must wear a mask while visiting a resident that does not have COVID-19.
    5. For any essential visitor in contact with a resident who has COVID-19, appropriate PPE should be worn in accordance with Directive #1.
9. **Limiting work locations**. Wherever possible, employers should work with employees to limit the number of work locations that employees are working at, to minimize risk of exposure to residents of COVID-19.
10. **Triggering an outbreak assessment**. Once at least one resident or staff has presented with new symptoms compatible with COVID-19, the LTCH/RH should immediately trigger an outbreak assessment and take the following steps:
    1. Place the symptomatic resident under contact/droplet precautions.
    2. Test the symptomatic resident immediately.
    3. Contact the local public health unit to notify them of the suspect outbreak.
    4. Test those residents who were in close contact (i.e. shared room) with the symptomatic resident and anyone else deemed high risk by the local public health unit.
    5. In collaboration with the local public health unit, review the Ministry of Health COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH) and prepare for cohorting practices to limit the potential spread of COVID-19.
    6. In collaboration with the local public health unit, review the Ministry of Health COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH) and prepare for cohorting practices to limit the potential spread of COVID-19.
    7. Enforce enhanced screening measures among residents and staff.

        Receiving negative test results. If the long-term care home receives negative test results on the initial person who was tested, the long-term care home can immediately end the suspect outbreak assessment related steps

        Receiving positive test results. Long-term care homes must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the home. Once an outbreak has been declared, residents, staff or visitors, who were in close contact with the infected resident, or those within that resident's unit/hub of care, should be identified. Further testing on those identified should be assessed, in collaboration with the local public health unit, using a risk-based approach based on exposures

11. **Staff and Resident Cohorting**. LTCH/RH must use staff and resident cohorting to prevent the spread of COVID-19.
    1. Resident cohorting: may include one or more of the following: alternative accommodation in the LTCH/RH to maintain physical distancing of 2 metres, resident cohorting of the well and unwell, utilizing respite and palliative care beds and rooms, or utilizing other rooms as appropriate.
    2. Staff cohorting may include: designating staff to work with either ill residents or well residents.

    In smaller LTCH/RH where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected, and staff should use droplet and contact precautions when in an area affected by COVID-19. Additional environmental cleaning is recommended for frequently touched surfaces, including trolleys and other equipment that move around the LTCH/RH, and consideration given to increasing the frequency of cleaning. Policies and procedures regarding staffing in Environmental Services (ES) departments should allow for surge capacity (e.g., additional staff, supervision, supplies, and equipment). See PIDAC's Best Practices for Prevention and Control Infections in all Health Care Settings for more details.
12. **Detection of COVID-19 cases**. LTCH/RH must consider a single, laboratory confirmed case of COVID-19 in a resident or staff member as a confirmed respiratory outbreak in the LTCH/RH, and take actions as indicated for influenza. To identify potential cases of COVID-19, LTCH/RH must test individuals who have symptoms compatible with COVID-19 and must not wait for additional cases of respiratory infection before testing takes place. The outbreak must be documented once an outbreak is declared.
13. **Management of a Single Case in a Resident**. LTCH/RH must isolate the resident, in a single room if possible, and take appropriate contact and droplet precautions. Staff contacts with high risk exposure to COVID-19 without appropriate PPE must self-isolate for 14 days. Staff contacts with medium risk exposure to COVID-19 should be self-monitoring for 14 days.

    Where staff working in LTCH/RH are deemed critical, by all parties, to continued operations, the staff must continue to work, which is referred to as "**work-self-isolation**" whereby they are to undergo regular screening, use appropriate PPE (mask in common areas and when 2 metres distance cannot be maintained from other people), and undertake self-monitoring for 14 days.
14. **Management of a Single Case in Staff**. LTCH/RH must immediately implement outbreak control measures for a suspect outbreak. Even if the staff exposure was to a specific area of the LTCH/RH, consideration must be given to applying outbreak control measures to the entire LTCH/RH. Staff who have tested positive and symptomatic cannot attend work. Staff who have tested positive and have symptom resolution and are deemed critical may return to work under work-self-isolation. Residents with high risk exposures to the staff case should be placed in self-isolation and cared for using droplet and contact precautions. Staff contacts with high risk exposures should be in self-isolation. If required to work for continuity of operations in the homes, consider "work-self-isolation". Staff contacts with medium risk exposures should be self-monitoring.
15. **Testing**. Please refer to the update on guidance for testing issued April 8, 2020. It is available at york.ca/healthprofessionals under "Testing for COVID-19".
16. **Required Steps in an Outbreak**. If an outbreak is declared at the LTCH/RH, the following measures must be taken:
    1. New resident admissions are not allowed until the outbreak is over.
    2. No re-admission of residents until the outbreak is over.
    3. If residents are taken by family out of the LTCH/RH, they may not be readmitted until the outbreak is over.
    4. For residents that leave the LTCH/RH for an out-patient visit, the LTCH/RH must provide a mask and the resident, if tolerated, wear a mask while out and screened upon their return.

5. Discontinue all non-essential activities. For example, pet visitation programs must be stopped for the duration of the outbreak.

17. **Ensure COVID-19 Preparedness**. LTCH/RH, in consultation with their Joint Health and Safety Committees or Health and Safety Representatives, if any, must ensure measures are taken to prepare the LTCH/RH for a COVID-19 outbreak including: ensuring outbreak swab kits are available, ensuring sufficient personal protective equipment (PPE) is available, ensuring appropriate stewardship and conversation of PPE is followed, training of staff on the use of PPE, reviewing advanced directives for all residents, reviewing communications protocols, reviewing staffing schedules and tracking where all employees work, reviewing internal activities to ensure physical distancing and reviewing environmental cleaning protocols, and develop polices to manage staff who may have been exposed to COVID-19.
18. **Communications**. LTCH/RH must keep staff and residents informed about COVID-19. Staff must be reminded to monitor themselves for COVID-19 symptoms at all times, and to immediately self-isolate if they develop symptoms. Signage in the LTCH/RH must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident. Issuing a media release to the public is the responsibility of the institution but should be done in collaboration with the public health unit.
19. **Food and Product Deliveries**. Food and product deliveries should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the LTCH/RH.

Questions

LTCH/RH and health care workers may contact the Ministry of Health's Health Care Provider hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health care workers that are diagnosed clinically or with laboratory confirmation of COVID-19 can call York Region Public Health for advice on return to work plans. Call our dedicated health professional COVID-19 line at 1-877-464-9675 ext. 77280 (8:30 a.m. to 8:00 p.m., seven days a week, after hours call 905-953-6478). Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/covid19 for up to date information on COVID-19.